

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)	ATTORNEY DOCKET 86055PRC Customer No. 01333
To: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 BATTERY STATE MONITORING DEVICE AND ELECTRONIC DEVICE FITTED WITH SUCH DEVICE First Named Inventor (or Application Identifier): Shinichi Yoshida	Express Mail Label No. EV293538285US Date: 20 June 2003

16670 U.S. PTO
 10/600219
 06/20/03

Enclosed are:

- | | |
|---|---|
| 1. <input checked="" type="checkbox"/> Specification
2. <input type="checkbox"/> 4 Sheet(s) of drawing(s)
3. <input type="checkbox"/> Information Disclosure Statement Under 37 CFR 1.97.
4. Combined Declaration for Patent Application and Power of Attorney:
4a. <input checked="" type="checkbox"/> New
4b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed) | 6. <input checked="" type="checkbox"/> Assignment of the invention to
<u>Eastman Kodak Company</u>
7. <input type="checkbox"/> Certified copy of a priority
8. <input type="checkbox"/> Associate Power of Attorney

9. <input type="checkbox"/> Deletion of Inventor(s).
Signed statement attached deleting inventor(s) named
in the prior application, see 37 CFR 1.63(d)(2) and
1.33(b). |
|---|---|

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:
 --CROSS REFERENCE TO RELATED APPLICATION
 Reference is made to and priority claimed from U.S. Provisional Application Serial No. ,
 filed , entitled .

If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

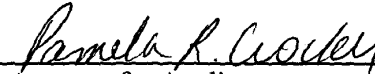
11. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. ,
12. ☒ Please address all written communications to Thomas H. Close, Patent Legal Staff,
 Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.
 Please Direct all telephone calls to Pamela R. Crocker at (585) 477-0553.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 750
TOTAL CLAIMS	14 - 20 =	0	x 18 =	\$ 0
INDEPENDENT CLAIMS	2 - 3 =	0	x 84 =	\$ 0
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+ 280	\$0
			TOTAL	\$ 750

- ☒ Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of **\$ 750.**
A duplicate copy of this sheet is enclosed
- ☒ The Commissioner is hereby authorized to charge any additional filing fees required under
 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.
A duplicate copy of this sheet is enclosed.

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